

Turlock Unified School District Measure "N" (Elementary SFID) Citizens' Oversight Committee

P. O. Box 819013, Turlock, CA 95381-9013
(209) 667-0632 FAX (209) 667-6520

Membership Application Form

Date: _____

Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone: Daytime: _____ Evening: _____

E-mail: _____ Fax: _____

Are you a current Turlock Unified School District employee or official, or are you a vendor, contractor, or consultant currently doing business with the Turlock Unified School District?

Yes _____ No _____

If you answered "Yes", please describe your relationship or business connection to the District:

There are a minimum of seven (7) members to be appointed to the Committee to attend 4 meeting per year for a 2 year term. Please check one of the following positions that best describes your representation on the Committee.

- | | <u>Primary</u> |
|---|----------------|
| • One member active in a business organization representing the business community located within the District. | _____ |
| • One member active in a senior citizens' organization | _____ |
| • One member active in a bona fide taxpayers' organization | _____ |
| • One member who is the parent or guardian of a child enrolled in the District | _____ |
| • One member who is the parent or guardian of a child enrolled in the District and active in a parent-teacher organization, such as Parent Teacher Association (PTA) or school site council | _____ |
| • Two community members at large. | _____ |

Please provide any additional information that you would like us to know:

Signature

Date

You may submit your application by email, to bshelton@turlock.k12.ca.us, fax at (209) 667-6520, or mail to the following address:

**Citizens' Oversight Committee
P.O. Box 819013
Turlock, CA 95381-9013**

If you have questions, please contact Bridget Shelton at (209) 667 – 0632 ext. 2303.